Register

Password:

Login

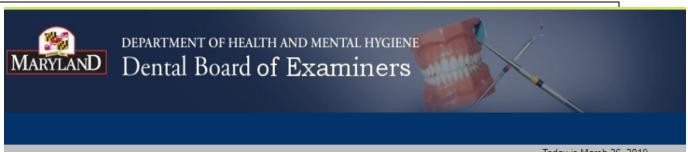
Contact Us Today is April 14, 2017 **Maryland State Board of Dental Examiners** Menu Licensing Home Page Renew License Logout **DENTIST'S: You may only renew on-line between** May 1st through July 31st. A dentist who has not submitted a completed application by June 30th is subject to a LATE FEE. Late Fee for Dentists is \$300. The list below displays all licenses currently held by you. To renew the license, click the Renew License link on the left navigation menu. To view renewal checklist requirements, click View Checklist link located on the right side of the license type information. Name Name: HYG TEST5 Address: 123 MAIN ST Columbia, MD 21045 Licenses DENTIST License Number: 055 License Status: Active 6/30/2017 Issue Date: 3/3/2007 **Expiration Date:** laryland Department of Health and Mental Hygiene 2019

IMPORTANT NOTICE:

You may only renew on-line between May 1st and July 31st. A dentist or dental hygienist who has not successfully renewed their license by July 31st is not eligible to renew, but will be required to pay a license reinstatement fee and complete the license reinstatement process. You will not be able to access the online renewal system after July 31st

The Budget and Reconciliation and Financing Act of 2003 requires the Dental Board to verify through the Office of the Comptroller that licensed health professionals, and certain other health entities operating under Maryland licenses or permits, have paid all undisputed taxes and unemployment insurance contributions before they are issued renewed licenses or permits.

PLEASE CONTACT:	The Maryland State Board of Dental Examine
On-Line Renewal Assistance ONLY	Debbie Wurster, 410-402-8509
	debbie.wurster@maryland.gov
	Sandra Sage, 410-402-8510
	sandra.sage@maryland.gov
Dentist Renewal/Payment Questions	Deborah Welch - (410) 402-8511
	debbie.welch@maryland.gov
Hygienist Renewal/Payment Questions	Sandra Sage - (410) 402-8510
	sandra.sage@maryland.gov



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Application for Certificate Renewal

RENEW LICENSE

Dentist

Profession: Dental License #: 0012 License Status: Active

Issue Date: 1/6/2009 Expiration Date: 3/1/2019 Renewed To:

021,

Maryland State Board of Dental Examiners

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WELCOME TO MARYLAND STATE BOARD OF DENTAL EXAMINERS

Renewal Instructions:

This is your renewal for the July 1, 2019 through June 30, 2021 renewal period. You may only renew on line between May 1st and July 1, 2019. Any dental certificate renewed petween July 2nd and July 31, 2019 is subject to a late fee of \$350 addition to the renewal fee.

Dentist's that do not renew by August 1st are considered to be practicing without a license, and are subject to disciplinary action.

Your application must be fully completed in order to be processed. Incomplete applications will not be processed and will cause your renewal to be delayed.

Practicing without a current active license issued by the Board is a violation of the Maryland Dentistry Act and could result in disciplinary action, including suspension or revocation.

Address: The Board must, by law, have a valid address for you. The address you provide is the "address of record" that is available for public information requests and the address to which the Board will forward all correspondence. The Board does not send licenses, registrations, or certifications to post office boxes. You must provide a street address or a physical address for the P.O. Box.

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Important Notice: If you are unable to complete your application on-line, visit the board website at www.health.maryland.gov/dental / to download a hard copy of the renewal application form for the 2019 cycle.

Please contact: The Maryl	and State Board of Dental Examiners
On-Line Renewal Assistance ONLY	Debbie Wurster, 410-402-8509
	debbie.wurster@maryland.gov
	Sandra Sage, 410-402-8510
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Dentist Renewal/Payment Questions	Debbie Welch, 410-402-8511
	debbie.welch@maryland.gov
Uniquies Demonstral/Demonstrations	Can dec Caro 410 402 9510
Hygienist Renewal/Payment Questions	Sandra Sage, 410-402-8510
	sandra.sage@maryland.gov

-----BEGIN THE RENEWAL PROCESS------

Click Here to Begin Renewal Process

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Maryland State Board of Dental Examiners

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Renewal Questions

Please answer the following question(s) by choosing the respective answer(s) from the drop-down menu(s). All questions below must be answered. Click the submit button when you have answered the question(s).

NOTICE: If you answer YES to any of the "Character and Fitness or "Licensure in Other States" questions below, you must enter an explanation for the answer on the "Remarks" tab to the left. Please note that answering YES will place a hold on your renewal application and will be subject to the Boards review. You may still pay your fees and submit your application and once the Board review is completed, your renewal application will be processed and finalized.

Question	Answer
Maryland Practice Since your last renewal have you practiced in the State of Maryland	Please Choose ▼
Character and Fitness: The following questions pertain to the period starting on July 1, 2017 and ending June 30, 2019	
1. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non judicial punishment? If you are under a Board Order in a state other than Maryland and the Order was effective on or after July 1, 2017 you must submit a certified legible copy of the entire Order with this application. If you answer YES to this question, click here to add an explanation on the Remarks page.	

2. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal or state entity? If you answer YES to this question, click here to add an explanation on the Remarks page.	N
3. Has your application for a dental/hygiene license been withdrawn for any reason? If you answer YES to this question, click here to add an explanation on the Remarks page.	N
4. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system? If you answer YES to this question, click here to add an explanation on the Remarks page.	N
5. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system? If you answer YES to this question, click here to add an explanation on the Remarks page.	N
6. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations? If you answer YES to this question, click here to add an explanation on the Remarks page.	
7. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances? If you answer YES to this question, click here to add an explanation on the Remarks page.	
8. Are there any criminal charges against you in any court of law, excluding	

remaine hear.	
8. Are there any criminal charges against you in any court of law, excluding minor traffic violations? If you answer YES to this question, click here to add an explanation on the Remarks page.	N
9. Do you have a physical or mental condition that currently impairs your ability to practice dentistry/hygiene? If you answer YES to this question, click here to add an explanation on the Remarks page.	N
10. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession? If you answer YES to this question, click here to add an explanation on the Remarks page.	N
11. Do you illegally use drugs? If you answer YES to this question, click here to add an explanation on the Remarks page.	N
12. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity? If you answer YES to this question, click here to add an explanation on the Remarks page.	N
13. Have you been named as a defendant in a filing or settlement of a malpractice action? If you answer YES to this question, click here to add an explanation on the Remarks page.	N
14. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons? If you answer YES to this question, click here to add an explanation on the Remarks page.	
15. Please select "YES" if you are a licensed Maryland dentist who owns a dental practice in the state of Maryland. Please select "NO" if you are a licensed dental hygienist or licensed Maryland dentist who does NOT own a dental practice in the state of Maryland. If you selected "YES," please click	
This is where the dentist should be able to fill out the	
Ownership Of A Dental Practice.	N
	IN .

Continuing Education Requirements:

NOTICE: Choose one statement that applies to you. If you check e., you must contact the Board with a written request for an extension with this application. Applicants for renewal of an active license must complete the CE Credits section of the web application. Regulations require that in order to renew a

license, applicants must complete 30-hours of **clinical** continuing education per renewal period, including 2-hours of infection control, and maintain CPR certification.

Notice Regarding 2-Hour Board-Approved Course on Abuse and Neglect: Those who obtained an initial dental license in 2017 must complete a 2-hour Board-approved course on abuse and neglect as it relates to Maryland law before their license will be renewed. Those who renewed their license in 2015 are required to complete the course as a condition of license renewal in this 2019 renewal cycle. Those who renewed their license in 2017 are not required to complete the course as a condition of license renewal in this 2019 renewal cycle since the regulations require that the course be completed every other renewal cycle.

(PLEASE NOTE THE FOLLOWING DOES NOT APPLY TO HYGIENIST'S)

Notice Regarding 2-Hour Board-Approved Course on proper prescribing and disposal of prescription drugs (Pharmacology): Those who obtained an initial license in 2015 must complete a 2-hour Board-approved course in pharmacology, even if you do not prescribe prescription drugs. Those who renewed their license in 2017 are not required to complete the course as a condition of license renewal in this 2019 renewal cycle since the regulations require that the course be completed every other renewal cycle.

Up to 17 hours of self-study activity are permitted to meet the 30-hour requirement. Courses on money management, personal finance, personal business matters, including practice management, personal health and recreation, politics, memory training, speed reading, and HIPAA are not considered clinical and may not be applied toward the 30-hour continuing education requirement. For a copy of the Code of Maryland Regulations, Title 10, Subtitle44, Chapter 22, Continuing Education, contact the Board at 410-402-8509

IMPORTANT: You must select an answer to the following five questions to have all questions processed! Please do not leave these unanswered.	
a.Continuing education requirement met. I have completed 30 hours of continuing education, including two (2) hours of infection control, two (2) hours of Pharmacology and maintained my CPR certification during the period from January 1, 2017 through December 31, 2018. If required to do so I have also completed a 2-hour Board approved course on abuse and neglect as it relates to Maryland law.	Please Choose ▼
b. I am exempt because this is my first renewal of a license obtained from an approved dental school (6 months after graduation) and I am not required to fulfill CE requirements of the Board for the first 2 yrs of initial licensure.	Please Choose ▼
c. Are you currently a student enrolled in a graduate/specialty program?	Please Choose ▼
d. Is your dental license currently inactive or are you submitting a request to change your license to inactive? Note: Upon reactivation of your license continuing education requirements will be required.	Please Choose ▼
e. If you have not met your required 30 hours of continuing education will you be filing a written to the Board for an extension to June 30, 2019? Failure to submit a written request for an extension may result in an incomplete renewal of your licenses.	Please Choose ▼

Status Change

You may change your license status during the renewal process. Available license statuses appear in the list below.

NOTE: Changing your license status can affect your renewal fees and your ability to practice with this license. If you are unsure if you should change your status, contact

Change	Status	To:	Active	•

Attestation

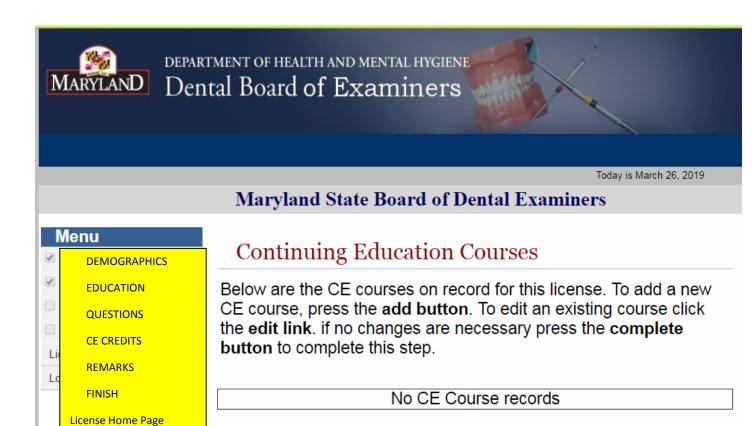
Practice of Dentistry without a current license issued by the Maryland State Board of Dental Examiners is a

violation of the Dental Practice Act. I affirm that the contents of this submmission are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I agree that the Maryland State Board of Dental Examiners may request any information necessary to process my application for a dental license in Maryland from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my practice as a certified dental radiation technologist in the State of Maryland, including the issuance of a subpoena of documents or records.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, 4-505 or the Code of Maryland Regulations, (COMAR) 10.44.19.



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License Remarks

If you answered YES to any of the Character and Fitness questions OR you answered YES to the Certification in Other States question you MUST provide more information about your answers below.

A. List other states or jurisdictions in which you hold a Please include license number(s).

Dentist License.

st

B. Enter any explanantion needed for the Character and Fitness questions. When answering character of fitness questions, please indicate the question number before the explanation.

When you are done, press the Save/Complete button to mark this step complete.

If no changes are necessary, press the Save/Complete button to mark this step complete.

Click here to return to the Questions page.

Maryland State Board of Dental Examiners

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Application Summary

The changes you have made are listed below. Please review this information carefully to ensure it is correct. You may go back to any step in this process by clicking the corresponding link on the left.

- 1. Please verify that all question responses have been filled out
- 2. Please verify that all menu items have been checked

When you have verified all information, click the **Pay Fees** button to pay all applicable fees and submit your application.

If you want to print this page for your records, you may by clicking on the "Printer" button in your browser.

Licenses

DENTIST					
Profession:	Dental	License Number:	055	License Status:	Active
Issued:	3/3/2007	Expiration Date:	6/30/2017	Renewed To:	Active

Address Changes

Name: HYG TEST5



Question Responses

Question	Answer

Maryland State Board of Dental Examiners

Pay Renewal Fees

This is a secure credit card payment site. Please enter your billing address and credit card information in the form below. Press the **submit button** to pay your fees and submit your application. Once you submit, you have sent your application and fees to the Agency for processing. You will receive a confirmation page which includes a receipt number. Please print off that annihimation page and retain for your records. The confirmation page will serve as your receipt.

Billing Address of Certificate Holder

First Name: Last Name:	
Street Address:	123 Boop St
City:	Brooklandville
State:	MD
Zipcode:	21022
Country:	US 🔻
Email:	boopsie@gmail.com